PRINTED: 05/28/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 05/26/2010 445110 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 815 SOUTH WALNUT AVENUE NHC HEALTHCARE, COOKEVILLE COOKEVILLE, TN 38501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL D (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Allegation of compliance The Plan of F 000 INITIAL COMMENTS Correction is submitted as required under State and Federal law. The facility's An Annual Recertification and Complaint submission of the Plan of Correction does not investigation #18023, #25501, were completed on constitute an admission on the part of the May 24, through 26, 2010. No deficiencies were facility that the findings cited are accurate, that cited related to the complaint investigations under the findings constitute a deficiency, or that the scope and severity determination is correct. 42 CFR Part 483.13, Requirements for Long Term Care Facilities. F 157 F 157 483.10(b)(11) NOTIFY OF CHANGES 05/25/2010 Begin POC F 157 SS=D (INJURY/DECLINE/ROOM, ETC) 1. Corrected actions accomplished for the resident(s) found to have been A facility must immediately inform the resident; affected by the allegedly deficient consult with the resident's physician; and if known, notify the resident's legal representative practice. or an interested family member when there is an The physician was notified by the accident involving the resident which results in Director of Nursing on May 25, 2010, injury and has the potential for requiring physician of the resident's blood sugar history. intervention; a significant change in the resident's including the residents' recent physical, mental, or psychosocial status (i.e., a readings. A new order was received deterioration in health, mental, or psychosocial to notify the physician for blood sugar status in either life threatening conditions or reading less than 60 or greater than clinical complications); a need to after treatment significantly (i.e., a need to discontinue an 400. existing form of treatment due to adverse 2. How we have identified other consequences, or to commence a new form of residents having the potential to be treatment); or a decision to transfer or discharge affected by the same practice and the resident from the facility as specified in what corrective action has been taken. §483.12(a). On May 25, 2010 the Director of Nursing oversaw a comprehensive The facility must also promptly notify the resident review of all resident records and if not and, if known, the resident's legal representative previously notified, the physician was or interested family member when there is a notified of any blood sugar reading change in room or roommate assignment as specified in §483.15(e)(2); or a change in <60 or >400 or abnormal signs and resident rights under Federal or State law or symptoms of hyperglycemia or regulations as specified in paragraph (b)(1) of hypoglycemia. New orders were noted this section. as needed. The facility must record and periodically update the address and phone number of the resident's (X8) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE DOMINISTILLAND 13

Any deficiency-elatement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. program participation.

Facility ID: TN7103

If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG		COMPLETED	
		445110	B. WING		05/26	/2010	
	ROVIDER OR SUPPLIE			REET ADDRESS, CITY, STATE, ZIP CO 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501	9DE 		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 157	This REQUIREM by: Based on medical policy, and intervential physician of low levels and/or hig #13, #10) of twe. The findings included Resident #2 was December 11, 20 Diabetes Mellitu Ulcer and Neuro Medical record in Recapitulation Control of Recapitu	ive or interested family member. IENT is not met as evidenced al record review, review of facility riew, the facility failed to notify the finger stick blood sugar (FSBS) th FSBS for three residents (#2, nty-one sampled residents. uded: admitted to the facility on 007, with diagnoses including s, Multiple Sclerosis, Pressure agenic Bladder. eview of the Physician's orders For April and May of 2010, as AC (before meals) and HS (at ng scale insulin with Novolog SQ njection) as follows: <150=0 units; conjection) as follows: <150=0 units; and call MD" review of the Diabetic Monitoring the resident had a FSBS of 44 on at 5:30 p.m., a FSBS of 55 on at 7:00 a.m., a FSBS of 54 on at 5:30 p.m., and a FSBS of 54 on 11:00 a.m. as admitted to the facility on May		and systematic changes made to ensure that the not recur. The following measures put in place and the following systematic changes have to ensure that the practic recur. On May 25, 2010 Director, Regional Nurse of Nursing updated the policies for "Insulin Admi "Notification of Physician updated to direct the Nursing the physician when blood sugar is less than greater then 400, when the exhibiting signs and symphyperglycemia or hypogodirected by the resident physician order. On May 25, 2010 licens were in-serviced on the policies for "Insulin Admi "Notification of Physician emphasis was given durin-service on the updated the policies directing Nursing the physician when blood sugar is less than greater then 400, when exhibiting signs and synthyperglycemia or hypogodirected by the resident	have been wing been made e does not the Medical, and Director center's nistration" and "were raing staff to a resident's 60 and he patient is ptoms of ycemia or as current ed nurses center's inistration" and ". Specific ing the d portions of raing staff to a resident's 60 and the patient is aptoms of raing staff to a resident's 60 and the patient is aptoms of lycemia or as		
	24, 2004, with o	liagnoses including Diabetes ic Neuropathy, Alzheimers		physician order.			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		445110	B. WING		05/20	5/2010
	ROVIDER OR SUPPLIER ALTHCARE, COOKEV	TLLE	i	REET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
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F 157	Medical record revirence aled "FSBS Abedtime)Sliding s (subcutaneous inject 151-200=2 units; 20 units; 301-350=8 ur >400=12 units and Medical record revirence April 2, 2010, at 4:28, 2010, at 1:20 a.m 22, 2010, at 7:00 a.m Review of facility por revealed "5. Physically sugars below 60 or specific order address ranges or direct these ranges or direct the DON office on the confirmed the facility physician of the low Resident #10 was a second reconstruction.	ew of the Physician's ers for April and May of 2010, AC (before meals) and HS (at scale insulin with Novolog SQ ction) as follows: <150=0 units; 01-250=4 units; 251-300=6 nits; 351-400=10 units; call MD". ew of the Diabetic Monitoring esident had a FSBS of 42 on 10 a.m., a FSBS of 44 on April n., and a FSBS of 56 on April m. olicy Insulin Administration esician to be notified of blood above 200 unless there is a essing blood sugars outside ecting otherwise" DON (Director Of Nursing) in May 25, 2010, at 3:00 p.m., by had failed to notify the or blood sugars.	F 15	4. Our corrective actions will monitored to ensure the prawill not recur. The corrective actions will monitored via quality assurs studies that will be overseed Director of Nurses. Beginn 25, 2010 five current reside records with orders for blood reading or a history of hyperglycemia or hypoglycemia o	actice ance an by our aing May ant od sugar emia will liance sician be weekly f the the the training ed by the	
	September 8, 2005 Diabetes, Periphera Accident with Left-S	, with diagnoses including al Neuropathy, Cardiovascular Sided Weakness, isease, Arteriosclerotic Heart				
		ew of the resident's March, , Physician Recapitulation				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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Orders revealed, "F blood sugars before "Sliding scale insuli < (less than) 180 = 241-300 = 6 units; than) 400 = 10 unit Medical record revilog dated April 201 on April 18, 2010, a review of the reside March 2010, and A following high FSBs a.m., 423 and 11:00 at 11:00 a.m., 471; 415; March 30, 201 p.m., 457; April 3, 2	FSBS AC & HS (finger stick e meals and at bedtime)" and in with Novolog SQ as follows: 0 units; 181-240 = 4 units; 301-400 = 8 units; > (greater s." ew of the resident's Diabetic 10, revealed a low FSBS of 56 at 11:00 a.m. Medical record ent's Diabetic Logs dated pril 2010, revealed the S: March 26, 2010, at 7:00 0 a.m., 477; March 27, 2010, March 28, 2010, at 8:00 p.m., 10, at 11:00 a.m., 484 and 5:00 2010, at 8:00 p.m., 431; April 7,	F	57			
revealed "5. Phys sugars below 60 or specific order address these ranges or dir Interview with the E on May 25, 2010, a facility had failed to and high blood sug 483.10(n) RESIDE DRUGS IF DEEME An individual reside the interdisciplinary	sician to be notified of blood above 200 unless there is a sessing blood sugars outside ecting otherwise* DON in the Conference Room at 10:30 a.m., confirmed the notify the physician of the low lars. NT SELF-ADMINISTER ED SAFE ent may self-administer drugs if a team, as defined by	F	176	for the resident(s) found to ha	ished ave	05/31/2010
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Orders revealed, "F blood sugars before "Sliding scale insuli < (less than) 180 = 241-300 = 6 units; than) 400 = 10 unit Medical record revi Log dated April 201 on April 18, 2010, a review of the reside March 2010, and A following high FSB: a.m., 423 and 11:0 at 11:00 a.m., 471; 415; March 30, 201 p.m., 457; April 3, 2 2010, at 5:00 p.m., 5:00 p.m., 413. Review of facility pa revealed "5. 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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ALTHCARE, COOKE\	VILLE		REET ADDRESS, CITY, STATE, ZII 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501	CODE		
WALE	CHRIMADY CT	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
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F 178	Continued From pa	age 4	F 176	On May 25, 2010 the Dire	ctor of Nursing		
	,	NT is not met as evidenced		oversaw the following action	ons. The patient		
	by:			was assessed for the self			
		record review, observation,		medications. During the a			
		facility failed to ensure		patient expressed a desire			
	assessment for self-administration of medication			use of the medication in qu			
		one resident (#10) of		physician was notified and			
	twenty-one residen			received to discontinue the 2. How we have identified			
				having the potential to be			
	The findings includ	led:		same practice and what co	orrective action has	!	
				been taken.	on cours achor has	<u> </u>	
	Resident #10 was	admitted to the facility on		On May 27, 2010 the Dire	ctor of Nursina		
		5, with diagnoses including		oversaw a comprehensive		1	
		ccident, Peripheral		resident records and all pa			
	 Neuropathy, Depre 	ession, and Anxiety.		assessed and educated for	or the self	Į	
	i			administration of medication		j	
		iew of a physician's order		3. The Measures we have		1	
		20, 2007, revealed the resident		systematic changes we ha		1	
		race cream 0.01% applied to		that the practice does not		,	
		mes a week on Monday,		On or before May 31, 201			
	Wednesday, and F	riday.		Nursing ensured that all n		}	
	: a			been in-serviced on the Se Medication Policy and Pro		<u> </u>	
		nedication pass on May 24,		patient who is self adminis			
		, with RN #1 (Registered		(s) will be assessed for the	e ability and	į	
		he RN entered the resident's		educated on documentation	on of medication	!	
		tered oral medications to the		administration.		-	
		n ointment to the resident's		4. Our corrective actions v			
		plastic medicine cup with		; ensure the practice will no	ot recur.		
		1% setting on the resident's		The corrective actions will	be monitored via	į	
	over bed table.			quality assurance studies			
	: - Intentious with DN :	#1 an Mau 24 2010 at 8:40		overseen by the Director of		[
		#1 on May 24, 2010, at 8:40 all confirmed the Estrace		Beginning May 25, 2010 v			
		the resident's over bed table for		studies for 6 weeks to ens			
		ine resident's over bed table for i-administer when ready.		with the Self Administration Policy and Procedures. T		1	
	nie resident to sen	-administer witer leady.		monitors will be reported to			
	i Interview with the I	Director of Nursing on May 24,		Assurance Committee and	d the monitors and	1	
		, at the 200 hall nursing station,		in-service training will be			
		dent had not been assessed for		directed by the Quality As			
		of medications and		Committee.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUIL	DING	g]	100	
		445110	B. WIN	<u> </u> G		05/20	5/2010	
	ROVIDER OR SUPPLIER	TLLE		81	EET ADDRESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE OOKEVILLE, TN 38501			
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	room.	ot to be left in the resident's		76				
r 246 SS=D	OF NEEDS/PREFE A resident has the services in the facil accommodations or preferences, excepthe individual or oth endangered.	ight to reside and receive ity with reasonable f individual needs and t when the health or safety of er residents would be	F2	246	Begin POC F246 1. Corrected actions accomfor the resident(s) found to been affected by the allege deficient practice. The Director of Nursing over the following actions. We call lights on all halls to ensithey were within reach of the patient	have dly ersaw checked sure that	05/31/2010	
	by: Based on medical r and interview the fa light within reach fo	MENT is not met as evidenced all record review, observation, e facility failed to place the call in for three residents (#16, #17, one residents reviewed.			2. How we have identified or residents having the potent affected by the same practi what corrective action has taken. The Director of Nursing over	ial to be ce and been		
	Resident #16 was a 24, 2003, with diagonal Anemia and Conge Medical record reviplan dated May 22, and "keep call light Observation on Marevealed the resided draped over a reclinity."	admitted to the facility on April noses including Dementia, stive Heart Failure. ew of the comprehensive care 2010, revealed "Risk for Falls" within my reach." y 24, 2010, at 6:10 p.m., at in bed with the call light hing chair near the bed and out	April com resid light addi care train cent Prod		comprehensive review of a residents to ensure that all lights were within reach. In addition we conducted in-setraining with all staff regard center's Call Light Policy as Procedure this training was completed on May 31, 2016	il call n ervice ing the nd		
	of reach of the resident Interview with the E 2010, at 9:15 a.m.,							

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		445110	B. WI			05/24	5/2 01 0
	ROVIDER OR SUPPLIER			8	REET ADDRESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE COCKEVILLE, TN 38501	03/24	3/2010
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F 246	September 28, 200 Pulmonary Embolis Medical record reviplan dated March 1 (activities of daily light within my read Observation on Marevealed the resided draped across the of the resident's resident's resident was unable surveyor to please resident's left side. Interview with the D 2010, at 9:15 a.m., confirmed the call light reach of the resident #18 was a 19,2005 with diagnification. Dementia, Medical record reviplan dated Februar and "please keep of Observation on Mared Part Part Part Part Part Part Part Part	admitted to the facility on 9, with diagnoses including cm, Anemia, and Dementia. ew of the comprehensive care, 2010, revealed "ADL's" ving) and "Please keep my call h." y 24, 2010, at 6:15 p.m., and in bed with the call light cord foot board of the bed and out each. w with the resident revealed the e to reach the cord and ask the move the cord near the Director of Nursing on May 26, in the Administrator's office ight is to be positioned within int.		246	3. The Measures we have proplete and systematic change have made to ensure that the practice does not recur. The Director of Nursing ensuall nursing staff had been into the center's Call Light Porocedure this training was completed on May 31, 2010 4. Our corrective actions will monitored to ensure the practice not recur. The corrective actions will be monitored via quality assura studies that will be overseen Director of Nurses. Beginning 31, 2010 five patients will be checked for 10 days for the availability of call lights. The sample 5 patients for 6 weel report the findings to the Quality Assurance Committee. During studies if a deficient practice noticed it will corrected and education will be provided. The reported to the Quality Assurance Committee and the monitors in-service training will be contained as directed by the Quality Assurance Committee. End POC F246	es we e ured that serviced licy and be ctice will e nce by the ng May en we will ks and ality ing the e is staff The e rance and antinued	
		foot board of the bed and out			, 		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN		İ	
		445110	B. WING_		05/20	6/2010
	ROVIDER OR SUPPLIER ALTHCARE, COOKE	VILLE	8	REET ADDRESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
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F 246	Continued From pa	age 7	F 246			
	-	-				
SS=D	2010, at 9:15 a.m., confirmed the call reach of the reside 483.25(h) FREE O HAZARDS/SUPER The facility must erenvironment remai as is possible; and adequate supervisi prevent accidents. This REQUIREME by: Based on medical and interview, the falarm was in place	nis REQUIREMENT is not met as evidenced		Begin POC F323 1. Corrected actions accomfor the resident(s) found to been affected by the alleged deficient practice. The Director of Nursing and Prevention Nurse oversaw following actions. On May 2 2010 a pressure pad was clfor placement on the bed of resident #3. 2. How we have identified oresidents having the potentiaffected by the same practic what corrective action has baken.	have dly I Falls the 26, hecked other ial to be ce and	05/31/2010
	Resident #3 was admitted to the facility on July 11, 2006, with diagnoses including Dementia, Parkinson's Disease, Osteoarthritis, Glaucoma, and Weakness. Medical record review of the Minimum Data Set (MDS) dated March 1, 2010, revealed the resident had short term memory problems, moderately impaired cognitive skills for daily decision making, and required assistance with most activities of daily living.			The Director of Nursing and Prevention Nurse oversaw a comprehensive review of all residents to ensure that prointerventions (including prespads) were in place to reductisk of falling.	a I per ssure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		445110	B. WIN	IG_		05/21	6/2010
	PROVIDER OR SUPPLIER			81	EET ADORESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	dated March 2, 201 at high risk for falls Medical record revi March 25, 2010, re to remind me to ca Medical record revi Assessment dated revealed "Patient call light in hand by lotion on the bedsic bed to floor" Review of a facility May 17, 2010, reveincident occurred Observation on Marevealed the reside	riew of a Falls Risk Assessment 10, revealed the resident was s. riew of the Care Plan dated evealed "alarms after supper all for help" riew of a Post Falls Nursing i May 17, 2010, 8:00 p.m., it was found sitting on floor with y bedsidewas reaching for ide table whensllpped from r fall investigation form dated ealed "no alarms on when the	F 3		3. The Measures we have put in plassystematic changes we have made that the practice does not recur. On or before May 31, 2010 the Direct Nursing and Falls Prevention Nurse that all nursing staff had been in-ser the center's Fall Prevention and Interprogram this training was completed 31, 2010. 4. Our corrective actions will be more ensure the practice will not recur. The corrective actions will be monited quality assurance studies that will be by the Director of Nurses. Beginning 2010 five patients will be checked for to ensure the proper intervention (in pressure pads) is in place to reduce falling. Then we will sample 5 patient weeks and report the findings to the Assurance Committee. During the sideficient practice is noted it will correstaff education will be provided. The the monitors will be reported to the Cassurance Committee and the monitin-service training will be continued to the Quality Assurance Committee End POC F323	to ensure ctor of ensured rviced on ervention d on May nitored to ored via e overseen g May 31, or 10 days cluding e the risk of ints for 6 e Quality studies if a rected and e results of Quality itors and as directed	
F 431 SS=D	on May 26, 2010, a resident did not har place at the time of 483.60(b), (d), (e) I LABEL/STORE DR The facility must er a licensed pharma of records of receip controlled drugs in accurate reconcilia records are in order	I (Licensed Practical Nurse) #1, at 10:25 a.m., confirmed the ave the pressure pad alarm in of the fall on May 17, 2010. DRUG RECORDS, RUGS & BIOLOGICALS amploy or obtain the services of acist who establishes a system of the tand disposition of all a sufficient detail to enable an action; and determines that drug are and that an account of all a maintained and periodically	F 4	:	Begin POC F431 1. Corrected actions accomplish resident(s) found to have been a by the allegedly deficient practic. The Director of Nursing did over following actions. Medication and room were checked for expired medications and any expired me were removed on May 26, 2010.	affected be. Saw the and Meds edications	05/31/2010

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445110	B. WIN	G		05/26	5/2010
	ROVIDER OR SUPPLIER	/ILLE		81	EET ADDRESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE OOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 431	labeled in accordar professional princip appropriate access instructions, and the applicable. In accordance with facility must store a locked compartme controls, and perminave access to the The facility must professional permanently affixed controlled drugs list Comprehensive Dr. Control Act of 1976 abuse, except when package drug distriction detected. This REQUIREME by: Based on observation failed to ensure meading to ensure meading detected were not available.	als used in the facility must be nee with currently accepted oles, and include the tory and cautionary e expiration date when State and Federal laws, the all drugs and biologicals in ints under proper temperature it only authorized personnel to keys. Tovide separately locked, dompartments for storage of ted in Schedule II of the tug Abuse Prevention and and other drugs subject to in the facility uses single unit libution systems in which the minimal and a missing dose can	F 4	31	All glucometers were checked expired test strips and any test strips were removed of 26, 2010. All liquid or power medication were checked for dates and new medications obtained from our pharmacopened without a date. All were checked for open dat new insulin was obtained from pharmacy if opened without we contacted our laboratoprovider and obtainer curredate vacutainers. All actionabove were completed on before May 26, 2010. 2. How we have identified residents having the potent affected by the same pract what corrective action has taken. The Director of Nursing and Consultant Pharmacist over that all medications, are chon a weekly basis to ensure compliance with open date and expiration date policy, glucometer strips will be chosen.	expired n May der for open s were cy if insulins es and rom our at a date. ry ent in ns listed or other tial to be ice and been d ersee ecked e policy All	
	rooms. The findings include	ed:			weekly for expiration dates		
	Observation of the	medication cart on the 300 hall at 8:00 a.m., with LPN #1			• •		<u>.</u>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445110	B. WIN	1G_		05/26	3/2010
	ROVIDER OR SUPPLIER	/ILLE		8	REET ADDRESS, CITY, STATE, ZIP CODE 15 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
F 431	containing the following medications, not da 325 mg 125 tablets Softener 100 tablets Free Cough medici 325 mg 100 tablets full; Pepto 8 ounces Acetaminophen 16 Docusate 16 ounce Observation of a driglucometer kit (to c glucometer strips with March, 2010, and discontinuous medications had not and the glucometer been used for a result of the and 400 hall on Marevealed the following undated medication expiration date of Mostomy bag change September, 2009; I in stool) 15 mL exprefrigerator, one Hudated when opened Interview with the wing 2010, at 8:15 a.m., medication room, complete the control of the stripe of the stripe of the stool of the stripe of the stool of	Nurse) revealed a drawer wing multiple stock sted when opened: Aspirin , 1/3 full; Colace Stool s, 1/3 full; Tussin DM Sugar ne 4 ounces, 2/3 full; Aspirin , ½ full; Enulose one pint, 1/3 s, ½ full; Liquid ounces more than ½ full; es, more than ½ full. awer on the cart revealed a heck blood sugar) containing with an expiration date of lated as opened May 25, 2010. #1 on May 26, 2010, at 8:00 all confirmed the stock of been dated when opened strips were expired and had sident's blood sugar checks. medication room on the 300 y 26, 2010, at 8:15 a.m., and expired biologicals and as: Glucometer strips with an alarch, 2010; Stomahesive (for es) one ounce expired hemoccult (to check for blood ired March, 2009; and, in the imulin-R insulin ½ full, not	F	431	3. The Measures we have put in and systematic changes we have to ensure that the practice does. The Director of Nursing ensured nursing staff had been in-service center's Medication storage polidate policy and Expiration date praining was completed on May 4. Our corrective actions will be to ensure the practice will not reactive actions will be to ensure the practice will not reactive actions will be moverseen by the Director of Nurse Beginning May 27, 2010 glucom strips will be checked daily for the ensure that no expired strips are storage. Then we will monitor was random checks for six weeks. Beginning May 27, 2010 Medical (including insulin) will be checked days to ensure compliance with date policy. Then we will monitor random checks for six weeks. Beginning May 27, 2010 Vacutate be checked for ten days to ensure compliance with expiration date. Then we will monitor with random for six weeks. During the studies if a deficient noted it will corrected and staff of will be provided. The results of monitors will be reported to the Assurance Committee and the rand in-service training will be coastirected by the Quality Assur Committee. End POC F431	re made not recur. I that all ed on the cy, Open policy this 31, 2010. monitored cur. conitored at will be ses. neter en days to e in with ations ed for ten open or with liners will are policy. m checks practice is education the Quality monitors ontinued	•
	medication room, c	onfirmed the biologicals had			,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445110	B. WING		05/2	6/2010
	ROVIDER OR SUPPLIER	ALLE	1	REET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
F 444 SS=D	Interview with the Director of Nursing (DON) on May 26, 2010, at 8:20 a.m., in the 300 and 400 hall medication room, confirmed the insulin had not been dated when opened. Interview with the DON on May 26, 2010, at 8:40 a.m., confirmed stock medications and insulin are to be dated when opened. 483.65(b)(3) PREVENTING SPREAD OF		F 444	Begin POC F444 1. Corrected actions accomposed for the resident(s) found to hear affected by the alleged deficient practice. The Director of Nursing over following actions. The nurse question was in-serviced on hand-washing procedures defined the control of t	ave ly saw the in proper	05/31/2010
	by: Based on observatifacility policy, the fall hygiene was perfor residents during a residents during a residents during a resident during a resident section of a megoto, at 8:10 p.m., Nurse) dispensed rethermedication cart drill was called at 8: the medication cart and assumed staff including closing rerevealed, after the 1 brought the medication tall to resident.	•		medication pass. The nurse then observed completing a medication pass using proper hand-washing procedure. 2. How we have identified of residents having the potential affected by the same practic what corrective action has betaken. The Director of Nursing over following actions. All nursing were in-serviced on proper hand-washing procedures duredication pass. The in-sertraining was completed by M 2010.	was her her l to be e and een saw the g staff uring a vice	

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445110	B. WIN	iG_		05/26	/2010
	ROVIDER OR SUPPLIER ALTHCARE, COOKEV	ILLE		81	EET ADDRESS, CITY, STATE, ZIP CODE IS SOUTH WALNUT AVENUE OOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 444	medications from the resident's room, do resident a medicine. Observation reveal to the resident's chover bed table, remained the resident's room hygiene. Observation the medication of hand hygiene, dispresident across the without performing the next resident's resident's medication cart and third resident. Observation performing hand hymedications. Review of facility performing hand hymedications. Review of facility performing hand hymedications. Review of facility performing hand hymedications.	ne drawer, entered the nned gloves, and gave the cup of oral medications. ed RN #1 applied an ointment seks, moved the resident's loved the gloves, and exited without performing hand ion revealed, RN #1 returned art, and without performing ensed medications for the next hall. Observation revealed, hand hygiene, RN #1 entered room, administered the lons, and touched multiple dent's room, including the ion revealed, without regiene, RN #1 returned to the dispensed medications for a ervation revealed, without regiene, RN #1 entered the	F	144	3. The Measures we have put and systematic changes we had made to ensure that the pract not recur. The Director of Nursing ensurall nursing staff had been inson the center's hand-washing procedure this training was con May 31, 2010. 4. Our corrective actions will be monitored to ensure the pract not recur. The corrective actions will be monitored via quality assuran studies that will be overseen be Director of Nurses. Beginning 2010 a random nurse will be each day for 10 days to ensur proper hand-washing techniques being used during a medication. The same observation process conducted weekly for 6 weeks one random nurse selected eand findings will be reported to Quality Assurance Committee the studies if a deficient practinoted it will corrected and stareducation will be provided. The results of the monitors will be to the Quality Assurance Comand the monitors and in-servitarining will be continued as of the process of the process of the provided of the Quality Assurance Comand the monitors and in-servitarining will be continued as of the process of the process of the process of the process of the provided of the Quality Assurance Comand the Monitors and in-servitarining will be continued as of the process of the process of the process of the provided of the process of the provided of the Quality Assurance Comand the Monitors and In-servitarining will be continued as of the process of the process of the provided	ave ice does ed that erviced ompleted oe ice will ce oy the oy May 31, observed re that ues are on pass. is will be s with ach week o the c. During ice is ff he reported omittee ce lirected	